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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**  
*(Use as many sheets as necessary)*

Sheet 1 of 2

Substitute for form 1449/PTO		Complete if Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>		Application Number	10/799,117
		Filing Date	March 12, 2004
		First Named Inventor	Evans, et al.
		Art Unit	3636
		Examiner Name	UNKNOWN
Sheet	1	of	2
		Attorney Docket Number	

## **U.S. PATENT DOCUMENTS**

## FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	2/21/05
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**EXAMINER:** Initial if reference considered, whether or not cited, in the **Information Disclosure Statement** (IDS) or **Non-Final Office Action** (NFOA).

**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9799) and select option 2.



PTO/SB/08A (04-03)

Approved for use through 04/30/2003. OMB 0651-0031

Approved for use through 04/30/2005. GPO 009-009.

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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**  
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Sheet

of 2

Complete if Known	
<b>Application Number</b>	10/799,117
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<b>Examiner Name</b>	UNKNOWN
<b>Attorney Docket Number</b>	30011.24987

## OTHER DOCUMENTS

Examiner  
Signature

✓ 8/16

Date  
Considered

2/25/05

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<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

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